

Community Development Department - Planning Division

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Administrative Sign Review Application

CASE NUMBER CHB DR A		APPLI	APPLICATION TAKEN BY		DATE RECEIVED			FEES				DATE DUE		
							Am	ount Paid	Book/Page					
Applicant Information			Property O	Property Owner Information					Sign Company Information					
Name:			Legal Name:	Legal Name:					Company Name:					
Company Name:			Primary Cont	Primary Contact:				Representative:						
Address:			Address:	Address:					Company Address :					
Phone:	Phone: Fax:		Phone:	Phone:		Fax:		Phone: F		Fax :	<u>-</u> ax :			
E-Mail:			E-Mail:	E-Mail:				E-Mail:						
Project Information Project Name/Des														
Project Name/Des	cription													
Project Address:														
Assessor's Parcel #: Nun		Number of Signs:		Sign Area (Total Sq ft):			Sign Criteria: □Yes □N			No				
Signature and A	Authorizat	ion												
Applicant Signatu	re:			Date										
Property Owner S	ignature:			Date										